



SHIRE OF IRWIN

CUSTOMER SERVICE FEEDBACK FORM

Name: _____

Postal Address: _____

Contact Telephone Numbers: (H) _____ (W) _____ (M) _____

Survey

1. How did you contact our customer service?

- Email Fax Telephone Web In person
 Other: _____

2. Was the response time to your query acceptable?

- Yes No

Comments _____

3. What was the reason for contacting the Shire on this occasion?

- Enquiry Complaint Compliment
 Request Other: _____

4. Overall, how satisfied are you with the Customer Service you received?

- Very Satisfied Satisfied No Opinion Dissatisfied Very Dissatisfied

5. Further Comments / Suggestions

Signature: _____ Date: _____